MAXIMUS Federal Services

Case Number:	CM14-0092103		
Date Assigned:	07/25/2014	Date of Injury:	04/09/2014
Decision Date:	10/15/2014	UR Denial Date:	06/01/2014
Priority:	Standard	Application Received:	06/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Diagnostic Radiology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 27 year old male who suffered a work-related injury to his head and neck on 4/9/14. According to a medical report on 6/6/14, he suffered a laceration to the scalp and contusions to the neck and face and had nausea and dizziness at the time of the injury. There is no report of loss of consciousness. The report states a CT scan was performed the day after the injury, but there is no diagnostic imaging report in the medical record. The patient denies any focal neurologic complaints. There were no significant findings on the patient's physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

URGENT Computed Tomography (CT) scan of the head & neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: There is no report in the record provided for the patient's initial medical evaluation following his injury. The earliest medical report is from 6/6/14 which describes a head and neck injury lacking associated neurologic complaints or progressive symptoms. Also, no mention is made of a treatment regimen following the initial injury.According to the ACOEM guidelines, "for most patients presenting with true neck or upper back problems, special studies

are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms." Therefore, based on the medical record provided and the above guidelines, a CT scan of the head and neck are not medically necessary.